

A STUDY OF 100 CONSECUTIVE REFERRALS IN A UNIVERSITY PSYCHIATRIC CLINIC*

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TO a psychiatrist working in a university student health centre, the factors affecting mental health and academic functioning of students is of interest for it is well known that rapid social change creates stresses detrimental to psychological stability. Accordingly a study was taken in the mid-seventies to look into the referrals to a psychiatric clinic in the Student Health Centre [now renamed as the University Health Centre (1983)] at the Queen's University of Belfast. Although the clinic had then been running since 1969, the mid-seventies were chosen because by that time, the student health physicians (the main source of referral) had become more adept at recognizing the cases which required more specialized psychiatric help. This was, no doubt, due to their own increased knowledge of psychological illness gained by the regular discussion groups with the particular psychiatrist involved. Although the main source of referral was through the student health doctor, some were also referred, firstly at the student's own request, secondly, through the faculty because it was recognized by the dean or tutors that the student's performance academically had suddenly deteriorated or that his/her behaviour was somewhat erratic, and thirdly, through friends or family of the student.

METHOD AND RESULTS

Of the undergraduate population of the university as a whole, 93 per cent came from Northern Ireland, six per cent from the rest of the United Kingdom and one per cent from abroad. Less than 50 per cent of the students lived away from home.

This study concerns 100 consecutive referrals to the Student Health Centre Psychiatric Clinic during the period 1973-1975. They were all seen personally by the author. The students were attempting a primary degree and had attended the clinic voluntarily. The new referrals to the psychiatric clinic of the Student Health Centre during the period were distributed in each faculty as shown in Table I. These figures are compared with the percentage distribution of undergraduates in each faculty. There were three times as many males as females although males outnumbered females by 1.7 to 1 in the university as a whole.

Table II shows the diagnostic categories into which the ill students were classified. They were also broken down into those who graduated and those who did not. Twenty-eight per cent of those referred failed to graduate.

*Based on a paper read at the British Student Health Conference, April, 1982.

TABLE I

	<i>Patients referred for psychiatric opinion (Percentage)</i>			<i>Undergraduates in each Faculty (Percentage)</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Agriculture	3	0	3	2.5	0.5	3
Architecture	1	0	1	1.8	0.2	2
Arts	24	22	46	12	19	31
Dentistry	2	0	2	2	1	3
Economics	5	0	5	6	3	9
Engineering	5	0	5	9.8	0.2	10
Law	7	0	7	5	1	6
Medicine	8	2	10	11	5	16
Science	19	1	20	12	7	19
Theology	1	0	1	1	0	1
TOTAL	75	25	100	63.1	36.9	100

TABLE II

Formal Psychiatric Illness

	<i>Obtained Degree (Percentage)</i>		<i>Failed to get Degree (Percentage)</i>		<i>Total (Percentage)</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
PSYCHOSES					
Schizophrenia	2	1	3	0	6
Manic depression	1	0	1	0	2
Endogenous depression	2	1	1	0	4
Epilepsy	1	0	0	0	1
NEUROSES					
Anxiety with/without phobias	17	7	3	1	28
Reactive depression	10	1	0	0	11
Obsessional neurosis	3	1	0	0	4
Anorexia nervosa	0	2	0	2	4
Hysteria	0	1	0	0	1
PERSONALITY DISORDER					
Inadequate and immature personality	7	4	11	3	25
Sex disorders	9	1	1	1	12
Drugs	1	0	1	0	2

The most common illnesses were the neurotic disorders which accounted for 48 per cent of the total with anxiety with or without phobias the most prominent. The general impression in most cases was that the anxiety had been reactive to either maturational or environmental stresses. The most common precipitating factors were problems of relationships with fellow students and tutors, difficulties in achieving mastery of the subject studied, separation from family or actual phobias about attending lectures or tutorials. Personality disorders and psychosis accounted for 39 per cent and 13 per cent respectively with men more conspicuous than women in these latter categories.

Students living away from home in university residences or in lodgings accounted for 62 per cent of the referrals and the most vulnerable academic years for students were their first and final years. All those who were seen were followed through their university career and as already stated, 28 per cent failed to finish their degree and left the university. Of those who failed to graduate, academic causes were responsible in 47 per cent, personal reasons in 32 per cent, health factors in 14 per cent and disciplinary action in seven per cent. When one looked at the differences between those who had been treated and went on to obtain their degree with those who failed to graduate, it was apparent that the latter showed a prominence of personality disorder in the form of immature personality or drug dependency and sexual problems compared to the successful group (60 per cent compared to 30 per cent).

TABLE III

<i>FACULTY</i>	<i>Number referred for psychiatric advice</i>	<i>Number failing to graduate</i>
Agriculture	3	1
Architecture	1	0
Arts	46	19
Dentistry	2	0
Economics	5	2
Engineering	5	1
Law	7	2
Medicine	10	0
Science	20	3
Theology	1	0
TOTAL	100	28

Table III shows the percentage of affected students who failed to graduate in the different faculties. It can be seen that in general the most vulnerable were those in the academic or theoretical disciplines while those in faculties with a strong vocational or practical attitude were more successful.

TABLE IV

	Number who graduated 72	Number who failed to graduate 28
Failed Eleven Plus or repeated 'A' Levels	11 (15%)	7 (25%)
Family history of psychiatric illness	28 (39%)	19 (68%)
A history of suicidal attempts	5 (7%)	2 (7%)
Living away from home	43 (60%)	18 (64%)

In Table IV a comparison is drawn between those who graduated and those who failed to graduate with respect to academic achievements before coming to university, a family history of psychiatric illness, a history of suicidal attempts and living in lodgings or university accommodation. Those failing to graduate had a slightly increased evidence of academic problems before entering university and a much greater family history of psychiatric illness.

An attempt was made to follow up the patients in this survey after they had left the university by posting out a short questionnaire to each patient and also by personal contact. There was unfortunately, only a 50 per cent response but the answers to the questions posed are presented in Table V.

TABLE V
Follow-up after leaving university

	<i>Graduate group</i>	<i>Failed group</i>
Needing further psychiatric help after leaving	11 (15%)	22 (78%)
Able to obtain employment in United Kingdom	68 (95%)	18 (66%)
Felt university education helped them in obtaining employment	65 (90%)	6 (22%)

DISCUSSION

University students are specially suitable for epidemiological study for a number of reasons. They are an important section of the population, both socially and medically. At university they are readily accessible for study and they form a discrete age group.

For some students academic success may have been achieved at the cost of social restriction and consequent immaturity in spite of the fact that Ryle assumed that those reaching university are to some degree positively selected for mental health.¹ The years of late adolescence are devoted by the student to learning at the same time as he is forming emotions and ideals into a practical life-style influenced and

affected by events in his personal, family and national-political existence. All of these form potential stresses which can add to or detract from his studies through their effect on his emotional and, therefore, on his intellectual functioning.² Several studies of adolescents have shown that adolescent turmoil is not the norm. We need not expect every young person to have pathological upsets, but also we must be wary of what we do label as illness.

Student identity problems and difficulties emotionally are at times quite frightening to him but one thing that is working in the student's favour is his youth. In general, students are resilient and responsive to new ideas and their approach to life is still fluid. They can adapt to change and what is more important, mature. What might appear as relatively severe problems in a later age group do not have the same poor prognosis during adolescence.³

The sex distribution of formal psychiatric illness in this study, namely more males than females, is in keeping with previous studies published, as is the higher incidence in first year entrants.^{4, 5, 6} The difference in emotional stability between theoretical and practical students were discussed by Howell et al.⁷ They stressed that a relevant factor may be that scientific students have a well defined career structure and prospects. Davy also made comment that the man who wants to be a doctor, lawyer or engineer has the ambition first and then makes the best use of his academic ability.⁸ Experience in Belfast, however, would suggest that the entrants to the practical sciences and especially medicine are possibly better selected than those entering the other theoretical faculties. Academic achievement prior to entering university, that is Eleven Plus and 'A' Level results, did not appear to be of great importance, although in the group failing to graduate, problems with Eleven Plus examinations and 'A' Levels (Table IV) were slightly greater than in those who graduated.

The failure to graduate rate in this study of 28 per cent is much higher than the average for the whole university community (4.5 per cent).^{*} It should, however, be noted that only the more serious cases were seen and this is supported by the large constitutional element (68 per cent with a family history) in the group. Also this failure group, when followed up after leaving university, showed that 78 per cent required further psychiatric help later. A recent study in Southampton University⁹ found similar results. It could be argued that as 60 per cent of those failing to graduate had a personality disorder they, as a consequence, made little effort to acquire knowledge at the university. Half of the academic failures presented themselves at the psychiatric clinic during the last term of the academic year and just before their June examinations. Nevertheless, two thirds of them were able to obtain employment in this country even though only a fifth felt their university career had helped them. The fact that all the medical and dental undergraduates referred eventually graduated is worth mentioning. This may be due to the support and close contact which these faculties provide for the students, especially in their clinical training.

^{*} Students completing all or part of their final year are included as final year students. Students intending to graduate or graduating but who progressed to a further year's study are excluded.

This study highlights a number of factors which may help the university authorities to prevent psychiatric breakdowns in undergraduates or help those who are emotionally disturbed. Students in the theoretical faculties appear to be the most vulnerable group and may need greater surveillance and counselling in their first and perhaps final years.

The gap from home and school to the university setting is likely to be felt more by the student coming from a rural community and being accommodated in university halls and lodgings. More support therefore should be considered for this group of students. With the greater opportunities for young people nowadays to obtain a university career, a gap is developing between the student and his family. Therefore, some measures to retain contact with home and relatives should be developed. The student is a lonely figure who appears alone at the clinic.

Many students develop anxiety reactions simply because they do not know how to study and to differentiate between what is important and unimportant in their reading. They also have difficulty in developing a proper examination technique. The high incidence of neurotic disorders in this survey with problems of work, study and academic difficulties would suggest a closer link with student and academic staff should be encouraged. Psychological assessment at entry would help to identify those persons who may be in need. Since this study was completed a psychological questionnaire has been arranged for every undergraduate entering the university. This is filled in by the student when he attends for his routine medical examination. It will be of interest to see if this procedure can throw any light in helping to identify the more vulnerable group in the university.

The student often feels alone in the large university setting and is reluctant to acquaint himself with those who may be able to help him. Therefore closer liaison between all the disciplines in the university, for example counselling service, psychologist, doctors (in the Student Health Centre), administrative and academic staff, need to be developed with the student.

SUMMARY

One hundred consecutive patients referred to a university psychiatric clinic over a two-year period have been studied. Students pursuing a course with a large practical element were less prone to psychiatric illness than those in a more theoretical field. Males outnumbered females by three to one. Students who came from a rural community and living in halls of residence or lodgings were also more vulnerable. Twenty-eight per cent of those referred did not graduate for academic, personal, health or disciplinary reasons. A follow up study was embarked upon and the results discussed. Neurotic illness with or without phobia was the most common disorder encountered. Recommendations are offered as a means of identifying and perhaps decreasing the incidence of psychiatric illness in students.

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